

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/913364	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
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TOTAL IND.			↓		↓		↓			
TOTAL DEP.			↔		↔		↔			
TOTAL CLAIMS										

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS